

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the

Eastern District of New York

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT
E.D.N.Y.★
APR 28 2022

LONG ISLAND

JONATHAN WILLIAM NEIRA MARQUEZ)
 Plaintiff/Petitioner)
 v.)
KIRBY FORENSIC PSYCHIATRIC CENTER)
 Defendant/Respondent)

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: NASSAU COUNTY CORRECTIONAL CENTER.
 If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per
 (specify pay period) _____.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

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4. Amount of money that I have in cash or in a checking or savings account: \$ 20,000.00.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

NO

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

NO

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

NONE

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

CREDIT CARDS (7) \$100 EACH;
1- BOFA
2- CAPITAL ONE QUICKSILVER CARD
3- AMERICAN EXPRESS AMEX CARD
4- CREDIT ONE BANK (2)
A- FOR PROFIT
B- NON-PROFIT
5- BEST Buy CARS
6- PAY PAL
7- CHASE FREEDOM CARD

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 4-20-2022

Jonathan Neira

Applicant's signature

JONATHAN WILLIAM NEIRA MARQUEZ

Printed name

MANHATTAN PSYCHIATRIC CENTER
 KIRBY FORENSIC PSYCHIATRIC CENTER
 WARDS ISLAND COMPLEX
 NEW YORK, NEW YORK 10035-6095

JONATHAN NEERA
 LOC: 946a

102 RIVERS EDGE ROAD

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LONG ISLAND OFFICE

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